FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000082898 (2) DOCUMENT #

D.E. CONSTRUCTION, INC.

FILED Feb 02 1998 8:00am Secretary of State



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Principal Place of Business Mailing Address						im almet imila fmiltt exte 186.
3131 N CANAL DR. 3131 N CANAL DR.						
PALM HAR	BOR FL 34684	PALM HARBOR FL 34684		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified	
					09/25/1997	İ
2. Principal	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			59-3469923	Not Applicable
_	Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional
22	27				of continued of classic bosines	Fee Required
─ ─	ity & State City & State				6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28	Count		Trust Fund Contribution	Added to Fees
	25		Count	шу	This corporation owes or has paid the cu Personal Property Tax due June 30.	rrent year Intangible Yes □ No
24	9. Name and Address of Curre		108		10. Name and Address of New Registered	
+	AYLOR, J. SCOTT		8	1 Name	10, (10,100,000,000,000,000,000,000,000,000,	/ J
	909 W BAY TO BAY BLVD SUITE	= 403				
TAMPA FL 33829			8	2 Street Ad	ddress (P.O. Box Number is Not Acceptable)	
'	NIN A I E OOOES		Ë	3		
			L			
			8	4 City	FL	85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE						
Old HATOTI	Signature, typed or printed name of registered a	gent and little if applicable (NOTE)	Regislered A	geni signature rec	quired when reinstating) DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	
TITLE	PO POLITICA DE LA COMPANIO DEL COMPANIO DE LA COMPANIO DEL COMPANIO DE LA COMPANIO DEL COMPANIO DE LA COMPANIO DEL COMPANIO DE LA COMPANIO DELA COMPANIO DEL COMPANIO DE LA COMPANIO DEL COMPANIO DE LA COMPANIO DEL COMPANIO DE LA COMPANIO DE LA COMPANIO DE LA COMPANIO DE LA COMPANIO DEL COMPANIO DE LA COMPANIO DEL COMPA	☐ DELETE	1,1 TITLE			Change Addition
NAME	EICHHOLT, LEWIS JR		1.2 NAM	E		
STREET ADDRES			1.3 STRE	et address		
CITY-ST-ZIP			1.4 CITY			Addition 1
TITLE	U SIGNALIONE MEDICA	☐ DELETE	2.1 TITLE	1		Change Addition
NAME	EICHHOLT, MERRIE D		2.2 NAM	Į.		
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL 34684	☐ DELETE	2. 4 CITY			Change Addition
TITLE		☐ vereit	3.1 TITLE			Change Addition
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STREET ADDRESS	3			ET ADDRESS		
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STREET ADDRESS				ET ADDRESS		
	3		1			
CITY-ST-ZIP		DELETE	4.4 CITY			Change Addition
NAME		- Describ	5.2 NAM			onengo raconton
STREET ADDRESS	,			ET ADDRESS		
	' [1			
CITY-ST-ZIP TITLE	-	☐ DELE TE	5.4 City 6.1 Title			Change Addition
NAME		Li bearie	6.2 NAMI			
STREET ADDRESS						
CITY-ST-ZIP	·]		6.4 CITY	ET ADDRESS		
M11-91-71	1		B.4 GHY	- 31 - 217		1

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

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